

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 19 April

Title of Paper: Oxfordshire Clinical Commissioning Group: Key & Current Issues

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on:

- West Oxfordshire Locality Place Based Plan
- Oxfordshire Transformation Programme

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Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. West Oxfordshire Locality Place Based Plan

In Witney, following an unsuccessful procurement process, Deer Park Medical Centre closed on 31 March 2017. Its patient list was dispersed to surrounding practices. Oxfordshire Joint Health and Overview Scrutiny Committee (JHOSC) referred the matter to the Secretary of State for Health on the grounds that the closure was a substantive change in service and no consultation had taken place. As a result the Secretary of State (SoS) passed the referral to the Independent Review Panel (IRP) in March 2017. The IRP undertook an initial review and made recommendations to the SoS. On 25 July 2017 NHS England wrote to OCCG confirming expectations that the CCG would address the recommendations from the IRP and in particular:

- The CCG must continue actively to pursue the objective that all former DPMC patients are registered as soon as possible
- The CCG should immediately commission a time limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds. This needs to be linked to, and integrated with, the wider CCG and STP plans for the whole of Oxfordshire. This work should seek to produce a strategic vision for future primary care provision in line with national and regional aims and should not preclude the possibility of providing services from the Deer Park Medical Centre in the future.

The work undertaken by OCCG to address the IRP recommendations was presented to the JHOSC at the meeting on 8 February 2018. The JHOSC acknowledged the work undertaken. As per the IRP recommendations to the SoS, NHS England (NHSE) commissioned a third party independent review of this work, which was completed by North East London Commissioning Support Unit (NELCSU). The report from NEL CSU is available [here](#). The findings from the external review were jointly presented by NHSE and NEL CSU to the JHOSC at the same meeting. NHSE confirmed that in their view the CCG had met the recommendations of the IRP. The committee received the report and welcomed the findings.

A specific action, from NHSE, required of OCCG was to ensure that the remaining unregistered patients were allocated to other practices as soon as possible; this process is complete.

NHSE will be reviewing actions taken to address recommendations from the third party review at its quarterly assurance meeting to held at the end of April.

The key recommendations from the third party review are set out below:

1. Improving the detail contained in the Locality Place based Plan documentation to provide greater clarity and increase likelihood of active stakeholder management

Feedback received from the engagement undertaken has been that the plan was draft plan was too detailed and complex. As a result supporting documents such as the approval processes and prioritisation for funding have not been included in the first iteration of the plan. Instead, for those interested, they can be found in the on OCCG's website: <http://www.oxfordshireccg.nhs.uk/get-involved/opcc-committee.htm>

Our next step is to produce a public facing summary of the plan. This is being developed together with Locality Forum Chairs¹ (members of the public leading locality Patient Participation Groups). We hope this summary will be published on the CCG's website by end of April.

As described previously the plan will be iterative and will be updated on an ongoing basis. We will use the learning from this review as we update our other five locality plans.

2. The need for Oxfordshire CCG's engagement to include all groups likely to be affected by any proposed changes, as identified through an equalities impact assessment

OCCG continues to strengthen its approach to identifying groups affected by proposed changes. For small and large development projects alike (across Oxfordshire) an equalities impact assessment will be undertaken. This will be supported by a detailed stakeholder analysis which will inform how best to engage with affected groups. Work is also underway to integrate the CCGs engagement team with its equality and access team to ensure established networks and relationships are used to support engagement with seldom heard groups.

3. Developing a local vision for Witney, that is owned by the Locality, it needs to be easily articulated and aligned to the vision for the wider STP and the Oxfordshire Primary Care Framework

The West Oxfordshire Place based Plan is in line with the Oxfordshire Primary Care Framework. OCCG is keen to progress a locality approach to developing services in the future taking into account factors such as local demographics, rurality etc. However, as identified by the Care Quality Commission (CQC) Local System Review, there are many visions and strategies in Oxfordshire. We need to develop a system wide vision and strategy for health and social care in Oxfordshire as a framework to deliver services at a local level.

4. That any options within the plan should be co-produced with patients. OCCG needs to be clear about their local definition of co-production and how this would work

¹ In Oxfordshire, OCCG has six PPG Locality Forums, they are voluntary non-statutory groups, each with an elected Chair in accordance with the Forum's terms of reference, to bring the patient voice into commissioning decisions.

There has been a considerable amount of work and effort across the organisation in engaging and involving patients and the public across projects. Despite the success of many of these, the overall perception of many is that OCCG is not doing enough to engage early enough or in a meaningful way. We are progressing a piece of work to review OCCG's approach to patient and public engagement which will culminate in a new communications and engagement strategy. The review will give us, along with stakeholders, the opportunity to:

- Reflect on the patient and public involvement structure and how the public voice can influence business / decision making currently
- Look at different ways the public voice influences decision making going forward
- How can the OCCG demonstrate / show the public voice has been heard
- Look at details on different levels of representation

Through this work OCCG will clearly define what it means by co-production and what this looks like in practice.

In the meantime the first version of West Oxfordshire Locality Plan was published in January 2018. It incorporated views that were heard during the engagement period and highlighted where further work is needed. The plan will remain iterative and we will continue to work with patients and clinicians to ensure that primary care remains responsive, accessible and of high quality. Any options being developed going forward around specific changes (such as site options for a relocated and/or new practices) will be done in co-production with the local community – this also relates to the Oxfordshire Transformation Programme (see below). OCCG will continue to work with the West Public Locality Forum² going forward to design any engagement for the locality.

5. The need for more detailed definitions of the changes patients may see and the benefits these would bring should be provided

One of the objectives for the public facing summary of the plan, mentioned above, is to highlight what changes patient may see as plans are implemented including the impact / benefit to them.

2. Oxfordshire Transformation Programme

The Oxfordshire Transformation Programme has been running since 2015 and was taking a phased approach to developing, managing and consulting on its service change proposals.

During 2017 the main area of focus was on the consultation and decision making on the Phase One proposals. The first phase focused on those areas where there were the most pressing concerns about workforce, patient safety and healthcare (for example, where temporary changes have been made) or where the proposed changes have been piloted. These included:

² In West Oxfordshire, the PPG Locality Forum is known as Public & Patient Partnership West Oxfordshire (PPPWO).

- Critical care facilities;
- Stroke care;
- Changes to bed numbers in order to reduce delayed transfers of care and move to an ambulatory model of care;
- Obstetric Services.

Phase One also included proposed changes to the delivery of Planned Care services at the Horton General Hospital. Whilst OCCG Board took decisions on the areas covered by Phase One these were subject to challenge so have not been implemented. The proposed scope for Phase Two, that included both acute and community services was planned to follow-on. However having taken into account the outcome of the challenges and other feedback OCCG Board have agreed a different way of taking forward what would have been Phase Two.

2.1. Phase One

Whilst the OCCG Board took decisions on Phase One of the Oxfordshire Transformation Programme on the 10 August 2017 these were subject to challenge (two referrals to the Secretary of State and a Judicial Review). The status of these challenges is summarised below.

A. Judicial Review

The application for the Judicial Review was lodged by Cherwell District Council, South Northamptonshire District Council, Stratford upon Avon District Council and Banbury Town Council as the Claimants. Keep the Horton General was an Interested Party to the Judicial Review. The Judicial Review covered a number of grounds including the split of the public consultation, the adequacy of the public consultation and the additional NHS England Bed Test.

The Judicial Review Hearing was held at the High Court on 6 and 7 December 2017. Both sides presented their arguments to Justice Mostyn and the judgement was published on 21 December 2017. Justice Mostyn did not uphold any of the grounds by the Claimants and refused leave to appeal his ruling. The Interested Party has submitted an application to the Court of Appeal to determine if an appeal might be permitted.

B. Referrals to the Secretary of State

In August 2017, the Oxfordshire Joint Health Overview and Scrutiny Committee (Oxfordshire JHOSC) referred the OCCG proposals on a permanent change to Obstetrics services to the Secretary of State for Health and Social Care. The Secretary of State has received advice from the Independent Reconfiguration Panel (IRP) and has written to the Oxfordshire JHOSC and to OCCG (on 7 March 2018); this letter and the IRP advice are attached as Appendix 1. The letter from the Secretary of State and IRP advice have covered the issues raised in the referral made by Stratford-on-Avon District Council in April 2017 as well as that from the OJHOSC.

The IRP concluded that further work was required locally and their advice has been accepted by the Secretary of State. A paper relating to the outcome of the IRP recommendations is available within the JHOSC papers (19 April 2018).

2.2. Phase Two

At the beginning of March the NHS in Oxfordshire issued a joint statement from the System Chief Executives³ signalling a change to the approach to service transformation. This resulted from a significant amount of reflection on the experience of running Phase One of the Oxfordshire Transformation Programme, a commitment to learn from the experience and to approach the improvement of local services in a very different manner that is more in line with integrated care systems.

Alongside this, the CQC Local System Review has emphasised the need for much better health and social care planning together as a system rather than individual organisations and the need for an overarching vision and strategy for health and care in Oxfordshire.

The Five Year Forward View describes the traditional divides between primary care, social care, community services and hospitals as increasingly being barriers to the personalised and coordinated health and care services that patients need.

As a result there is now wide consensus that we need to manage systems – networks of care – not just organisations. Out-of-hospital care needs to become a much larger part of what the NHS does and services need to be integrated around the patient.

It is clear from the national Vanguard sites (where health and social care transformation has been enabled to move at a faster pace and learning shared) that the best service improvements are those where patients, the wider public and key stakeholders (including local authorities, the voluntary sector and social care partners) work together to co-design services based upon the health and care needs of the local population. Whilst there clearly needs to be some sense checks against quality of care and affordability at county scale, evidence suggests that a more place based approach to health and care planning enables improved leverage of local facilities and supporting infrastructure.

Building on this, we are reviewing our transformation programme and intend it to concentrate on developing place based approach which will be set in local discussions that address the needs of the local population, taking into account geography and available services.

This is likely to involve gradual change and testing of new service models locally, involving the public at the earliest opportunity, taking into account factors such as rurality and local community assets. This is a completely different approach to the previous large-scale county wide consultation on specific services.

In order to take this approach forward, we have reviewed the proposed Phase Two of the previous approach to transformation. This was necessary in order to offer

³ The System CEOs consists of: The CEOs of the Oxfordshire CCG, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, South Central Ambulance Services NHS Foundation Trust and Oxfordshire GP Federations

clarity to our public, stakeholders and the wider system about exactly what we are or are not taking forward. We have heard from key stakeholders that the messages about whether we are or are not undertaking phase two remain confusing at present.

The NHS organisations have reviewed the broad service areas that had originally been proposed for inclusion in Phase Two and the Board of OCCG has agreed the following:

1. The **Emergency Department** and associated services provided at the Horton General Hospital will remain. Furthermore, there is a real opportunity to integrate the GP Out of Hours service, enhanced primary care access and GP streaming so that patients attend only one 'front door' to all the services, with the clinical and non- clinical staff working as one team to ensure patients get the right service first time.
2. The **Paediatric Services** at the Horton General Hospital should remain in place. Clinical Commissioners see this as an opportunity to utilise this relatively costly resource through improved linkage to Primary Care in order to enhance learning and wider clinician support. An example of where this shared resource has been successful is the Taunton and Somerset NHS Foundation Trust, winners of an HSJ Award in 2017 for their primary care paediatric service.
3. The three freestanding **Midwife Led Units** (in Chipping Norton, Wantage and Wallingford) will remain. The operating model for these units is cost effective and mothers continue to choose to use these facilities.
4. The **community hospitals** must be considered within the context of the health and care needs of the local populations they serve, the state of the actual buildings, the rurality and size of the local population (including growth). The CCG and OHFT have agreed that discussions need to be more about what services are required in localities and how best the community hospitals might support, rather than a county – wide consultation on whether they should be removed or remain.

2.3. Next Steps

The move to a more place based approach for our health and care service planning sits within the wider context of developing more cohesive system collaboration.

In line with the CQC recommendations, the Health and Wellbeing Board will hold the single over-arching strategy for integrated care. Over the next few weeks, as a system, we will describe how we plan to work with the public and other stakeholders at a more local level in looking at the population's health and care needs so we may co-produce a health and social care system that is fit for the future.